•									Application or Docket Number				
	PATENT	RD											
Effective October 1, 2003									10.725,370				
CLAIMS AS FILED - PART I									ENTITY		OTHER		
T	OTAL CLAIMS	<del> </del>	(Column	11)	(Column 2)		r	YPE	L	OR 1	SMALL		
							-	RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA		ŀ	BASIC FI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT			+145				OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column			column 2	L	TOTAL		OR	TOTAL	770	
	C	LAIMS AS A	MENDED - PART II							]	OTHER		
	Λ ·	(Column 1)		Column 2) (Column 3)			SMALL ENTITY		OR	SMALL	-		
AMENDMENT A	116	CLAIMS REMAINING		HIGH NUMI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO					FEE			FEE	
	Total 6 35 6	. 13	Minus	**Q	0	=		X\$ 9=		OR	X\$18=		
	Independent	* /	Minus	<b></b> 3		=	F	X43=		OR	X86=		
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM		J				+290=		
							L	+145=	<u> </u>	OR	TOTAL		
							A	DDIT. FEI		OR	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colun		(Column 3)			ADDI-	1 1	<u>,</u>	ADDI-	
AMENDMENT B		REMAINING AFTER		NUME PREVICE		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
		AMENDMENT		PAID	FOR		<b> </b> -		FEE			FEE	
	Total	*	Minus Minus	**		=	L	X\$ 9=		OR	X\$18=		
	Ind pendent	PRESENTATION OF MULTIPLE DEPENDENT		ENDENT	CLAIM			X43=		OR	X86=		
	THOTTHEOL	NATION OF INC	THE DE	LINDEIN	<del>OD am</del>			+145=		OR	+290=		
							L	TOTAL			TOTAL		
		(Column 1)		(Colum	no 2)	(Column 3)	AL	ODIT. FEE		,	ADDIT. FEE		
	`	CLAIMS		HIGH	ST		Г		ADDI-	1 !		ADDI-	
Ę	,	REMAINING AFTER	,	NUME PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
5	Total	*	Minus	PAID F	OR ·		┢		FEE			FEE	
	Independent	•	Minus	**		= . =	L	X\$ 9=		OR	X\$18=		
		NTATION OF MU		ENDENT	CLAIM		. L	X43=		OR	X86=		
لــــــ								+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **ADDIT SEE													
***	f the *Highest Nur	mber Previously Paid ber Previously Paid	id For IN THI	S SPACE is	less tha	n 3, enter "3."		DIT. FEE d in the a			ADDIT. FEE <b>l</b> umn 1.		
		out in the state of the state o	11000101	racpende	, 13 1110	gricot nomber		- *· vio a				i	